

UNITED STATES COURT OF APPEALS  
FOR THE TENTH CIRCUIT

<p style="text-align: center;">Plaintiff/Petitioner - Appellant,</p> <p style="text-align: center;">v.</p> <p style="text-align: center;">Defendant/Respondent - Appellee.</p>	<p>Case No. _____</p> <p style="text-align: center;">Motion for Leave to Proceed on Appeal Without Prepayment of Costs or Fees</p>
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I, \_\_\_\_\_, the petitioner/appellant in the  
captioned case move this court for leave to proceed in forma pauperis.

Your motion for leave to proceed on appeal without prepayment of costs or fees and/or application for a certificate of appealability will be evaluated by the court using these standards:

**Leave to Proceed Without Prepayment of Costs or Fees.** You must meet all of the requirements of the Prisoner Litigation Reform Act, Pub. L. No. 104-134, 110 Stat. 1321 (Apr. 26, 1996); 28 U.S.C. § 1915. This includes submitting the certified statement of trust account and authorization to deduct funds attached to this form. The forms will not be considered unless they are complete.

## FINANCIAL DECLARATION

### Affidavit to Accompany Motion for Permission to Appeal in Forma Pauperis

I swear or affirm under penalty of perjury that because of my poverty I am unable to pay the docket fees of my appeal or to post a bond for them. I believe I am entitled to a different result than that reached in the district court.

I further swear or affirm under penalty of perjury that the responses which I have made to the questions and instructions below relating to my ability to pay the fees for my appeal are true.

**Instructions . Please complete all questions in this application and then sign it on the last page.** If the answer to any question is "0" or "none," or the question is "not applicable", so indicate by writing "0", "none", or "not applicable (N/A)". If additional space is needed to answer any question or to explain your answer to any question, please use and attach a separate sheet of paper identified with your name, the docket number of your case and the number of the question.

My issues on appeal are:

1. Are you or your spouse currently employed?    Yes \_\_\_\_\_    No \_\_\_\_\_
2. If you or your spouse are currently employed, state the name and address of your employer, the length of your employment with that employer, and your monthly gross pay. Gross pay is \_\_\_\_\_ pay before any taxes or other deductions are taken. If you have more than one employer, \_\_\_\_\_ please provide the information requested below about the other employer(s) on a separate \_\_\_\_\_ sheet of paper and attach it to this application.

Yourself:

Your Spouse:

Name and Address of Employer

Name and Address of Employer

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Length of Employment

Length of Employment

\_\_\_\_\_  
Years    Months

\_\_\_\_\_  
Years    Months

Monthly Gross Pay \$ \_\_\_\_\_

Monthly Gross Pay \$ \_\_\_\_\_

3. If you are currently unemployed, state the date of your last employment and your monthly gross pay during your last month of employment. Gross pay is pay before any taxes or other deductions are taken.

Date of last employment (Month/Year) for yourself \_\_\_\_\_; spouse \_\_\_\_\_

Monthly gross pay during last month of employment \$ \_\_\_\_\_

4. State whether you or your spouse have received money from any of the following sources during the past twelve months, and, if so, the average monthly amount from that source. Adjust any money that was received weekly, bi-weekly, quarterly, semi-annually, or annually to show the monthly rate.

Did you receive money from any of the following sources during the past 12 months?

Average monthly amount during past 12 months for you and your spouse if applicable.

Amount expected next month

		You	Spouse	You	Spouse
Self-employment	Y/N ____	\$ _____	\$ _____	\$ _____	\$ _____
Income from real property (such as rental income)	Y/N ____	\$ _____	\$ _____	\$ _____	\$ _____
Interest and dividends	Y/N ____	\$ _____	\$ _____	\$ _____	\$ _____
Gifts	Y/N ____	\$ _____	\$ _____	\$ _____	\$ _____
Alimony	Y/N ____	\$ _____	\$ _____	\$ _____	\$ _____

Child Support Y/N \_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

Retirement income from sources such  
as social security, private pensions,  
annuities, or insurance policies

Y/N \_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

Disability payments such as social  
security, other state or federal  
government, or insurance payments

Y/N \_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

Unemployment payments

Y/N \_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

Public assistance payments such as  
welfare payments

Y/N \_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

Other sources of money  
(specify: \_\_\_\_\_)

Y/N \_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

TOTAL \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

5. State the amount of cash you and your spouse have: \$ \_\_\_\_\_

State below any money you or your spouse have in savings, checking, or other accounts in a bank or other financial institution.

Bank or Other Financial Institution:	Type of Account such as savings, checking, or CD:	Amount you have:	Amount your spouse has:
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

**If you have funds in a prison or other similar institutional account, the Certified Statement of Institutional Account for the Past Six Months at the end of this form must be completed by the institution.**

6. State below the assets owned by you and your spouse. **Do not list ordinary household furnishings and clothing.**

<b>Home</b>	Address:	Value: \$ _____
	_____	Amount owed on mortgages and
	_____	liens: \$ _____
<b>Other real estate</b>	Address:	Value: \$ _____
	_____	Amount owed on mortgages and
	_____	liens: \$ _____
<b>Motor vehicle</b>	Model/Year:	Value: \$ _____
	_____	Amount owed: \$ _____
<b>Motor vehicle</b>	Model/Year:	Value: \$ _____
	_____	Amount owed: \$ _____
<b>Other</b>	Description: _____	Value: \$ _____
	_____	Amount owed: \$ _____

7. State below any person, business, organization, or governmental unit that owes you or your spouse money and the amount that is owed.

Name of Person, Business, or Organization that Owes You or Your Spouse Money	Amount Owed You:	Amount Owed Your Spouse:
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

8. State the individuals who rely on you and your spouse for support. Indicate their relationship to you, their age, and whether they live with you.

Name	Relationship	Age	Does this person live with you?	
_____	_____	_____	Yes _____	No _____
_____	_____	_____	Yes _____	No _____
_____	_____	_____	Yes _____	No _____
_____	_____	_____	Yes _____	No _____

9. Complete this question by estimating the average monthly expenses of you and your family. Show separately the amounts paid by your spouse. Adjust any payments that are made weekly, bi-weekly, quarterly, semi-annually, or annually to show the monthly rate.

	You	Spouse
Rent or home mortgage payment (include lot rented for mobile home)	\$ _____	\$ _____
Are real estate taxes included? Yes _____ No _____		
Is property insurance included? Yes _____ No _____		
Utilities: Electricity and heating fuel	\$ _____	\$ _____
Water and sewer	\$ _____	\$ _____
Telephone	\$ _____	\$ _____
Other _____	\$ _____	\$ _____
Home maintenance (Repairs and upkeep)	\$ _____	\$ _____
Food	\$ _____	\$ _____
Clothing	\$ _____	\$ _____
Laundry and dry cleaning	\$ _____	\$ _____

Medical and dental expenses	\$ _____	\$ _____
Transportation (not including car payments)	\$ _____	\$ _____
Recreation, clubs and entertainment, newspapers, magazines, etc.	\$ _____	\$ _____
Charitable contributions	\$ _____	\$ _____
Insurance (not deducted from wages or included in home mortgage payments)		
Homeowner's or renter's	\$ _____	\$ _____
Life	\$ _____	\$ _____
Health	\$ _____	\$ _____
Auto	\$ _____	\$ _____
Other _____	\$ _____	\$ _____
Taxes (not deducted from wages or included in home mortgage payments) (specify) _____		\$ _____
Installment payments		
Auto:	\$ _____	\$ _____
Credit Card: (name) _____	\$ _____	\$ _____
Department Store: (name) _____	\$ _____	\$ _____
Other _____	\$ _____	\$ _____
Other _____	\$ _____	\$ _____
Alimony, maintenance, and support paid to others	\$ _____	\$ _____
Payments for support of additional dependents not living at your home	\$ _____	\$ _____
Regular expenses from operation of business, profession, or farm (attach detailed statement)	\$ _____	\$ _____
Other _____	\$ _____	\$ _____
 TOTAL MONTHLY EXPENSES	 \$ _____	 \$ _____





10. Do you expect any major changes to your monthly income or expenses during the next four months? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, describe.

11. Have you paid an attorney any money for services in connection with this case, including the completion of this form? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, how much? \$ \_\_\_\_\_

If yes, provide the name, address, and telephone number of the attorney:

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Have you promised to pay or do you anticipate paying an attorney any money for services in connection with this case, including the completion of this form? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, how much? \$ \_\_\_\_\_

If yes, provide the name, address, and telephone number of the attorney:

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12. Have you paid anyone other than an attorney (such as a paralegal, typing service, or another person) any money for services in connection with this case, including the completion of this form?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, how much? \$ \_\_\_\_\_

If yes, provide the name, address, and telephone number of the person or service:

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13. Have you promised to pay or do you anticipate paying anyone other than an attorney (such as a paralegal, typing service, or another person) any money for services in connection with this case, including the completion of this form? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, how much? \$ \_\_\_\_\_

If yes, provide the name, address, and telephone number of the person or service:

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14. How much can you pay each month toward the docket fee for your appeal.

\$ \_\_\_\_\_

15. Please provide any other information that helps to explain why you are unable to pay the docket fees for your appeal.

16. State the address of your legal residence:

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Your daytime phone number:

(\_\_\_\_\_) \_\_\_\_\_

Your age: \_\_\_\_\_

Years of schooling: \_\_\_\_\_

Your social security number: \_\_\_\_\_

I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE UNITED STATES  
OF AMERICA THAT THE FOREGOING IS TRUE AND CORRECT. 28 U.S.C. § 1746, 18  
U.S.C. § 1621.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**ADDENDUM TO FINANCIAL DECLARATION**

**THIS ADDENDUM MUST BE COMPLETED BY ANYONE WHO IS A PRISONER  
AS DEFINED BY 28 U.S.C § 1915(h)**

**Prisoner Name** \_\_\_\_\_

**Appeal Number** \_\_\_\_\_

**Facility** \_\_\_\_\_

**PLEASE NOTE THAT SECTION A AND B OF THIS PART OF THE FORM BOTH  
MUST BE COMPLETED IN ORDER FOR US TO PROCESS THIS APPEAL.  
FAILURE TO COMPLY MAY BE GROUNDS FOR DISMISSAL.**

**Section A:**

**Certified Trust Fund Account Statement**

I certify that the prisoner named below has had an average monthly balance of  
\_\_\_\_\_ for the previous six month period. Attached to this document is  
a certified copy of the prisoner's trust fund account statement for the past six  
months.

Prisoner's Name \_\_\_\_\_

Signature of Authorized Officer \_\_\_\_\_

Date \_\_\_\_\_

**Section B:**

**AUTHORIZATION**

I, \_\_\_\_\_, request and authorize the agency  
[print your name]  
holding me in custody to send to the clerk of the United States Court of Appeals for the  
Tenth Circuit a certified copy of the statement for the past six months of my trust account  
or institutional equivalent at the institution where I am incarcerated. I further request and  
authorize the agency holding me in custody to calculate and disburse funds from my trust  
account or institutional equivalent in the amounts specified by 28 U.S.C. § 1915(b). This  
authorization is furnished in connection with this appeal and I understand that the total fee  
is due regardless of the outcome of the case. I understand the fee is \$255 in an appeal or  
\$250 in an original proceeding or petition for review.

Prisoner Name (please print) \_\_\_\_\_

Signature \_\_\_\_\_

**CERTIFICATE OF SERVICE**

I hereby certify that on \_\_\_\_\_ I sent a copy of  
[date]

the foregoing Motion for Leave to Proceed on Appeal without Prepayment of

Costs of Fees, to:

\_\_\_\_\_, at  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_, the last known address,

by way of United States mail or courier.

\_\_\_\_\_  
\_\_\_\_\_

Date

Signature